

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

| | | |
|-----------------------|---|---------------------|
| RENEE SCHROEDER, |) | |
| |) | |
| Plaintiff, |) | CIVIL ACTION FILE |
| |) | NO. 4:14-CV-130-HLM |
| vs. |) | |
| |) | |
| CALEB GILBERT, in his |) | |
| individual capacity, |) | |
| |) | |
| Defendant. |) | |

- - -

Deposition of
RENEE SCHROEDER BUTTS

Thursday, December 18, 2014
11:00 a.m.

Filipovits Law Firm
2900 Chamblee Tucker Road
Building 1
Atlanta, Georgia

MARY K. CALDWELL, CSR, B-1325

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Gort42

A random journal about local politics, baseball and whatever comes to mind.

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FRIDAY, MAY 29, 2009

Renee Butts for State Representative



At a campaign event for GOP Controller candidate Bob Sypniewski a few weeks ago Renee Butts announced that she will be seeking the Republican nomination for the 118th State Rep District seat held by Democrat Mike

Carroll.

Renee is a resident of Laflin and graduated from Coughlin High School in Wilkes-Barre. She got a BA in English from Kings College and her Masters from Wilkes University. Her hot issues are reducing property taxes, cutting wasteful spending in Harrisburg and opposes tolls on I-80. She wants to crack down on puppy mills and has a Husky named Reagan. Butts made a short speech emphasizing that she wasn't going to run away from the area like so many people who have aspirations to be a teacher but don't have the political connections to get hired. She said she will stand and fight.

She should have a website up soon. I asked her for a statement on her candidacy:

My name is Renee Butts and I am running for State Representative for the 118th Legislative District. I will cut wasteful government spending and thus lower taxes. I shall encourage more businesses offering more desirable jobs to come to our area to help combat the brain drain. I will make some changes in our state that will benefit the taxpayers.

I have been an active member of Voice of the People USA since 2007. We have spoken out for legal immigration, spoken out against drugs and crime in our communities, spoken out for free speech, and spoken out vehemently against wasteful government spending. Pennsylvania ranks 44th in the country for personal income growth. I'm hoping to better this deplorable statistic.

I have also worked for Luzerne County Commissioner Steve Urban. He has been a mentor and role model to me.

I have also volunteered at His Resting Place Maternity Home to tutor a



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11 months ago

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1 year ago

**Sights on
Pennsylvania**

1 year ago

INSIDE THE GULCH

1 year ago

woman residing there as well as teaching a free creative writing class. I have been closely involved with the my father, Bob Butts, in his Kindness Grant program. Among the Kindness Grants we have distributed, we have given to Wyoming Seminary Lower School to promote empathy among students and also we gave a Kindness Grant to an animal shelter to save a Siberian Husky with heart worms.

I have taken education courses at Wilkes University and completed my student teaching at Pittston Area. I am well-aware of the wasteful spending of school districts, the rife nepotism, the problems within our educational system, and also the struggles of working parents to be there for their children. I possess a BA from King's College in English/Writing and an MA in Creative Writing from Wilkes University. Cee Kay Auto is our family business. I am in touch with the struggles facing business owners and their employees.

I will, if the people choose me, hold monthly town hall meetings - each in a different area of the 118th - to address the concerns of the taxpayers and to keep them informed of what is taking place in the PA House. I am hoping that we can work together to revitalize Pennsylvania.

She has experience speaking to a crowd like this address to the anti-immigrant group Voice of the People in May 2008.



Posted by Gort at 3:05 AM

Labels: 118th , Laflin , Mike Carroll , Renee Butts , W-B

18 comments:

Anonymous said...

sounds like she is either running for governor or doesn't understand the role of state rep

6:34 AM

Justin Vacula's Blog

2 years ago

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2 years ago

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2 years ago

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2 years ago

The Valley Scanner

2 years ago

Wilkes-Barre Online

Pennsylvania -

LeftyBlogs.com

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Keystone Report

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Gort Fortytwo's Profile

facebook



Name:

Ben Hoon

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gort42@yahoo.com

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They finally caught up with me. FB didn't believe...

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Anonymous said...

Well you are right, the role of the State rep in Luzerne County is to help get your friends state jobs and make recommendations for county jobs, they are like this except YUDDY.

How is wanting to control spending and cutting taxers a job for the Gov and not the State Rep?

Last time i checked normally legislatures are suppose to make decision and the gov has a veto. I agree the voice of the people has little to do with State Rep, but she was just giving background, her issues she wants to work on taxes and spending are the role of state reps.

The key to the Republican revival is attractive woman candidates not named Sarah Palin.

11:33 AM

Anonymous said...

oh what is her position on little league bats?

4:14 PM

Anonymous said...

I'm sure she was NOT A LIFE LONG RESIDENT od LAFIN. Check the voting records of LACKAWANNA COUNTY.

Hi Steve Urban...

4:26 PM

jollyRepublican said...

She is not a lifelong resident of Laflin...Check her voter registration history...she has been a resident of Lackawanna County. When Steve Urban hired her, the newspapers said she was from Moosic.

4:28 PM

Gort said...

My error. She did mention that she lived in Moosic for a short time.

5:57 PM

Professor Milburn Cleaver, OPA said...

Now, this is truly one youngster worthy of consideration. If only more of our youth had her commitment, tenacity, and ideals. It would most certainly make my job a lot easier.

10:17 AM

Anonymous said...

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- ▶ 2013 (159)
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- ▶ December (39)
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Never go grocery shopping when you are hungry
Rence Butts for State Representative
Looking to the fall
Contracts at the cube
Carney's cookout
Now he thinks he is
Boss Tweed
I just like this picture
I'll take my ball and go home
Kanjo said the CIA lied to him
Christine finally wins one
Prothonotary
Sugar Notch
Luzerne County
Controller
Amesbury hits a double
I'm way behind
Predictions
The year of the woman
Height hits a low
You pick em
Another problem
Quincy has taken an interest in current affairs
A week without a computer
Another Luzerne County scandal
Please stand by
All kinds of problems
The greeter
Campaign event



Steve Urban's her mentor, huh? That's something. Will his support for a Luzerne County Republican in this race disappear like it did the last time this race had GOP opposition?

1:09 PM

Big Dan said...

I watched the video, she sounds like a nut.

6:03 PM



Big Dan said...

Renee: was Barack "Hussein" Obama..."pallin' around with terrorists", too?

6:12 PM



Big Dan said...

How's that \$2 million Barletta cost the Hazleton taxpayers "workin' out" for 'em?

6:15 PM

Dana said...

Well, she certainly looks better than either Mike Carroll or my state representative, the-man-who-has-never-held-a-real-job-in-his-life Keith McCall! That, alone, makes her a great candidate.

But one thing I dislike is people campaigning against high property taxes running for offices which have nothing to do with property taxes. It was wrong when Ed Rendell told us, in 2002, that he was going to raise the state income tax but, not to worry, he'd cut our property taxes. The governor has some power over the state income tax, but none over local property taxes, and, as expected, Mr Rendell kept half of his promise! : (

1:32 PM

Anonymous said...

drink more water... add sea salt and all the woes of the world will be cured..

9:04 PM

Anonymous said...

I'd give her a chance to speak into my microphone.

10:59 PM

Anonymous said...

Dana, I agree that there are local positions in municipalities, school districts, and counties that have a more direct tie to

[Mother's Day
YouTube weekend
The Mother's Milk of
Politics
Debit card scandle
fizzles
Heartbreak Ridge
Blogger News
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Will Specter pull a
Lieberman
Juvie Brothers update
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property taxes but a good state legislature can keep property taxes in check. I'd give her a chance to see what she can do.

9:26 AM



[Questdriven said...](#)

I'll certainly be pulling for Renee. We need more people like that.

4:52 AM



[Barry said...](#)

The whole baseball bat controversy made me think Carrol was loopy. As my wife says "Isn't there more important stuff than that. So maybe the republican babe has a chance. Let us just hope she has a cleaner record then most republicans who run against incumbent Dems.

12:39 PM

[Anonymous said...](#)

She's not even staying in pa, she's moving. who cares

1:25 PM

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FRIDAY, OCTOBER 02, 2009

Renee Butts out



At a campaign event for GOP Controller candidate Bob Sypniewski last May Renee Butts announced that she will be seeking the Republican nomination for the 118th State Rep District seat held by Democrat Mike Carroll. Well, things change and Renee now has other priorities.

So far I haven't heard of any Republican willing to take on any of the Democratic Luzerne County state legislators next year. I hope that some people will be willing to step up to the plate because I hate unopposed elections. After this year's version of the state budget fiasco they all deserve an opponent and that includes Republican Karen Boback.

Renee was kind enough to send along an explanation of her decision:

I apologize to the many who pledged to support me in my race for State Representative for the 118th Legislative District, and to all the people of the 118th who need a voice and need to be heard by their state representative, but I am no longer going to contend for this position.

Mr. Right proposed to me, and Mr. Right (one of the few conservative young men in this area) does not live in the 118th, and I've chosen the greater certainty of a life with Mr. Right over running against an incumbent Dem in NEPA (i.e. David vs. Goliath). My fiancé works in Hazleton - a long commute from the 118th. It would have been a bit premature to ask him to sell a house and move for an election I may not win. (I don't think there are too many jobs for chemical engineers in the area, either.)

I feel as if I am letting down many of you. I'm sorry I was not able to be the person and the voice you needed. I wish I could find someone to take my place. I hope and pray that the 118th will find someone worthy to represent them or that the incumbent will make you more of a priority and change some of his stances, such as the tolling of I-80.

As I am no longer running, I feel compelled to tell you what else colored my decision. The other element to my decision was people in my own party. Yes, fellow Republicans. And I suppose what this comes down to isn't one party or another - it is what is right for the people. I met with some resistance from Republicans who felt I should have worked for other state reps. They trotted out my former opponent's resume, which includes working for people whom they wish to remove from office. (Why would they have wanted me to work for these people again?) They were willing to support someone they disagreed with instead of a young woman with a will to fight and a heartfelt desire to defend the best interests of the 118th



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and the interests of all Pennsylvanians, not to mention a woman whose ideals jived with their own. However, this was not the primary reason. Again, the primary reason is Mr. Right. Otherwise, I thought it might have, at the very least, been fun to try to win over these people. And, if not, prove them wrong, prove to them that I could have been their voice and worked tirelessly for them.

However, I do want to give a special thanks to the West End Republicans of Monroe County. These people were willing to whole-heartedly throw their support behind a political newcomer, not even from their hometown. But they liked what I had to say. There is a lot of heart there and anyone who would take my place would find a wealth of tireless enthusiasm and great welcome from these wonderful people. I wasn't even from their county, but we connected over a desire for a different direction for Pennsylvania.

And to the many people who think I loathe Democrats, all of my bridesmaids are members of your party. But friendship, and the willingness to pull each other out of sticky situations definitely crosses the aisle. Though we disagree politically (I may loathe their ideals, and they may loathe mine), we are always there for each other. I hope that whichever party your next state representative is from will make the same commitment to you, because that is his responsibility. I hope that your next state rep can be truly a part of your communities, a part of your lives, and serve you proudly.

God Bless you all! I only hope for the best for you!

Renee Butts

Posted by [Gort](#) at 6:00 PM

Labels: [118th](#), [Bob Sypniewski](#), [guest post](#), [Karen Boback](#), [Mike Carroll](#), [Renee Butts](#)

9 comments:

Anonymous said...

Renee learned an important lesson early, a lesson other republicans who ran for office learned the hard way.

7:17 PM

Anonymous said...

bye bye knuckelhead

8:34 PM



David Yonki said...

I am saddened that Ms. Butts has decided not to make a go of it. She sounds very articulate and if she was having problems from members of her own party, then that's even worse. The GOP has to start working together in lockstep against the Dems and not themselves. BTW, Ms. Butts is far from being a knucklehead.

9:27 PM

Joe Valenti said...

Gort - WOW! I should be ashamed of myself for not having a clue about this considering this is in my back yard.
thanx for the update

INSIDE THE GULCH

1 year ago

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2 years ago

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up with me. FB
didn't believe...

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Joe V

9:31 PM**Anonymous said...**

DY would you please let us know just what Party affiliation you hold? I've read with you claiming to be a Democrat and now your advising Republicans how to win. Do you hold Democrat or Republican values? There is a difference and you're sending mixed messages. Personally, I don't care how you file, I'm just curious.

12:49 PM**Anonymous said...**

Anon 12:49 Yesterday, I saw who looked to be Wil Toole putting up a campaign sign. I had a close look and wrote down his web site. When I looked at it last night, I thought it was Toole who was putting up signs. The first thing that entered my mind was finally, there is a candidate who doesn't depend on others. He has rolled up his sleeves and does what he has to. I'm impressed. After reading his web site, I've made up my mind that an Independent makes good sense to me. Toole is an Independent and I think the Controller should not be a Party person. The last effective Controller we had was Steve Flood and he was on the out side of his Party. Then we had Petrilla and nothing good happened under her watch and she quit in the middle of it. Personal gain is what it is all about. Screw politics and politicians. I like the idea of an Independent and I think we need many more. I hope to get a chance to talk with Toole one on one.

8:09 AM**Mean Old Man said...**

What a pretty little lady; she needs to find herself a good man, learn to cook and clean, and raise a family. God Bless Her!

6:04 AM**Anonymous said...**

Wil Toole is no Independent..He is a puppet for Morgan and the Democrats

8:58 PM**Anonymous said...**

8:58 --- Get Life and please buy a new drum. If you really believe that Wil Toole is in Morgan's pocket, your head is up your ass.

5:08 AM[Post a Comment](#)**Links to this post**[Create a Link](#)

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ya

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waste on politicians?

The Mericle of money

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Wilkes grad builds a fantasy full of characters

By Kristen Gaydos
Staff Writer

Writing as Aurora Styles, local author Renee Butts creates a unique world in her fantasy romance novel, "Siren Slave."

Butts talked with JumpStart! about her inspiration, how she creates a fantasy world and her next project:

CV: What attracts you to setting your story in a fantasy setting?

RB: I like the idea of "anything can happen." With fantasy, I can create a world and set the rules. I'd be very limited with writing in the "real world." I'm a big fan of folklore and mythology, too. In this story, the pagan gods are real; only they are magical, flawed beings. They can also be killed. Because of their magic, humans worship them as gods. Human sacrifice was a big thing during the time the story takes place. In my world, when humans are sacrificed, they end up appearing in that magical being's home in the Otherworld, sometimes landing in the middle of a great feast, or some other inconvenient location. There are times where the magical beings are

forced to publicly use their magic, and most aren't sure what to do with the humans they are given. Thus, they yell, as a disclaimer, "We're not gods, just magical, so no human sacrifices, please."

CV: Which character are you most proud of? Why?

RB: This is really difficult to say. It's a tie between Volos who only has a cameo in this book, and Hedwig the Sea Witch. People really love Hedwig. She brings in some comedy and sass. I'm never quite sure what she's going to do.

CV: Who are your influences as a writer?

RB: I'm going to disappoint you. It's no one like Shakespeare or Jane Austen. Although, there is a strong Orwell influence, especially when writing my villain characters. They constantly use magical surveillance to further their goals. I've been influenced a lot by movies such as "Robin Hood: Men in Tights," "Princess Bride," and the "Naked Gun" movies. I recently marathoned "Hercules: The Legendary Journeys" on Netflix. I hadn't realized how much I'd drawn from there, in regard to the

humor and the portrayal of mythological figures. And that's another influence right there — mythology and folklore. I also have a cast of zany friends who provide a ton of inspiration. And, some of the things I've experienced working in Luzerne County colored the way I wrote my villains.

CV: What is your writing process like?

RB: I create flawed characters. I really want to avoid that whole "perfect, responsible hero" trope. I want people to be able to relate to characters. People relate to someone who is frequently lost and tumbles down stairs more than someone who has no obvious shortcomings. Once the characters are there and the opening scene begins, the characters write the story themselves. Sometimes I have no idea what they are going to do, so I find myself biting my lip in anticipation as I write. I'm not the type to outline a story. While it's romance and we know how those end, I cannot possibly predict the route the characters will take to arrive at that destination.

CV: As a graduate of the Wilkes

creative writing program, what would you say was the best part about your experience there?

RB: Being in likeminded company. That's something I don't get to do much. A lot of friends don't read much and don't get the whole writing thing. I feel like that's a common theme in this area. People don't give a lot of attention to the written word, or art in general. There is a lot of focus on the practical and the mundane, and if you're a dreamer, you get sideeyed. I can't describe how good it was to be surrounded by people with similar interests, because my writing is something I really only discuss with a select few friends who do read.

CV: Are you working on any other projects?

RB: Yes. I'm working on a follow up to "Siren Slave." This one features a different couple. In fact, the hero of this book has a small cameo in Siren Slave. This one is about a vampire king, kept at a distance by his subjects who are mandated to revere him and follow his orders. He also has no attention span and has become quite an expert with shadow puppets. One of the wom-

Name: Renee Butts
Nom de plume: Aurora Styles
Book: Siren Slave
Book Release Date: 09/05/2014
Publisher: The Wild Rose Press
How available: ebook and print
Other books: None at the time. Past work includes political rants, speeches, and writing a third party newsletter.
Describe your book in one word: quirky
Describe your book in 100 words or fewer: An OCD corsair and a klutzy siren team up to combat twisted, power-hungry foes who use Orwellian magic. Siegfried and Freya are ensnared in a web of magic and intrigue, complicated by a Sea Witch with a drunken sailor obsession, a unicorn with a penchant for delivering vague prophecies, and, oh, yes, magical in-laws.

en selected to compete to be his bride has no interest in winning the competition. The scarred corsair, Vasilisa is intent on robbing and overthrowing the vampire king. The heroes of "Siren Slave" will be in this story, too. Yes, these are romance novels, but friendship is a common theme.

kgaydos@citizensvoice.com; 570-821-2788

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IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

RENEE SCHROEDER,

Plaintiff,

v.

CALEB GILBERT,

Defendant.

CIVIL CASE NO.:

4:14-cv-00130-HLM

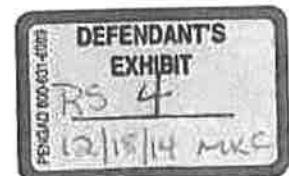
PLAINTIFF'S RESPONSE
TO DEFENDANT'S FIRST INTERROGATORIES

Plaintiff Renee Schroeder offers the following response to Defendant Caleb Gilbert's First Interrogatories.

- 1. Identify each person upon whose testimony you will rely to prove your claims.**

Response: Erica Andruscavage; Patricia Butts; Robert Butts; Devon Beazer; and Caleb Gilbert. The ultimate decision regarding the testimony I will rely upon will depend upon the evidence that is disclosed during depositions and conversations with my attorney.

- 2. Please identify each person whom you expect to call as an expert**



witness (including, but not limited to, medical, psychiatric, or psychological experts) at the trial of this case, stating the subject matter on which each such expert is expected to testify, the substance of the facts and opinions to which each expert is expected to testify, and a summary of the grounds for each opinion.

Response: I do not expect to call any expert witness.

- 3. Please itemize any and all damages that you claim have been caused as a result of the incident giving rise to this lawsuit including any medical expenses, hospital expenses, drug expenses, property damage, lost wages, and all other special damages you claim to have as a result of the alleged occurrence.**

Response: My understanding of the damages sought in the lawsuit includes the the following: medical expenses for visits to my psychiatrist and therapist, and for prescription medication; and attorney's fees paid to defend my criminal case. I am also claiming general damages for psychological pain and suffering (humiliation, shame, fright) due to my arrest, deprivation of my liberty, injury to my reputation, and attorney's fees.

- 4. Describe in detail all physical injuries or mental distress you contend**

you suffered as a result of the occurrence described in your complaint.

Response: I suffer from ongoing mental distress. Since my arrest I have been afraid to leave my house. Every time I leave, I feel like I'm at risk of being arrested again. I'm terrified to drive. I've stopped going places with friends. I get tense around noise, security guards, any type of flashing light, or just being on the road at all. I get startled easily, because I'm always waiting to be ripped out of my life and taken to jail again. I suffer from nightmares about being arrested and held in jail. I have been diagnosed with post traumatic stress disorder.

5. In connection with any and all medical treatment that you have received as a result of the incident described in your complaint, and all medical expenses incurred by you arising from any such injuries, please state the following:

- (a) The name of each provider**
- (b) The dates upon which you received treatment from each provider;**
- (c) The nature of the treatments that you may have received;**
- (d) Any expenses incurred with each such treatment;**
- (e) What portion of any such medical expenses were paid by you or**

by any insurance carrier, and any amounts which remain unpaid;

Response:

| <u>Provider name</u> | <u>Dates of treatment</u> | <u>Nature of treatment</u> | <u>Expenses</u> | <u>Payment of expenses</u> |
|----------------------|---------------------------|----------------------------|-----------------|----------------------------|
| Deb Pavlico | 2/2013 to 6/2014 | Counseling | \$ | Insurance |
| Dr. Berger | 8/2014 to present | Psychiatric care | \$65/month | Insurance |
| Karlene Albrecht | 8/2014 to present | Counseling | \$60/month | Self |

6. Describe in detail all communications, both oral and written, you have had with other persons (with the exception of attorneys-at-law with whom you have established a lawyer-client relationship, or their associates or employees) concerning the subject matter of the Complaint and the Complaint itself. Describe all documents contained any such communications. Please state the name, address and telephone number of the custodian of each document identified in response to this interrogatory.

Response: I've spoken about this incident with many friends and acquaintances and I cannot name or remember each person with whom I have communicated. The people with whom I have had the most substantive communications are: Patty Butts; Joy Bomba; Rebecca Kivak; Chad Mullen; Bill Novinski; Erica Andruscavage; Kristen Brazon-Petrick; Dave Zannetti; and Dan Smeriglio. Except

for any documents produced in response to Defendant's request for production, there are no documents that contain the conversations with these individuals.

7. Please state your entire educational background, including each school you have attended, the dates of attendance, and the certificate, diploma, or degree, if any, you received from each such school.

Response:

| <u>School name</u> | <u>Dates attended</u> | <u>Degree or diploma</u> |
|----------------------|-----------------------|--------------------------|
| Coughlin High School | 1997 – 2000 | HS diploma |
| Kings College | 2001 – 2004 | BA in English/Writing |
| Wilkes University | 2006 – 2008 | MA in Creative Writing |

8. Please state your entire work history, identifying each employer for whom you have worked in the last 12 years, the dates of your employment, the nature of the job you performed at each such place of employment and the reason or reasons for your separation from each such place of employment.

Response:

| <u>Employer</u> | <u>Dates</u> | <u>Duties</u> | <u>Reason for leaving</u> |
|-------------------------------|-------------------|--|--------------------------------------|
| Cee Kay Auto Parts | 2001 through 2004 | Stocking, inventory, cashier | Finished bachelor's degree |
| State Workers' Insurance Fund | 2004 through 2008 | Administrative, paperwork, billing, etc. | Return to school for master's degree |

| | | | |
|-----------------|----------------------|--|--------------------------------------|
| Luzerne County | 2008-2009 | Assistant to County Commissioner Stephen Urban | Health issues following car accident |
| Wild Rose Press | 2013 through present | Author/contractor | |

- 9. Please identify each document known to you that you contend would be supportive of or relevant to any allegation or claim contained in your Complaint.**

Response: My medical records, and documents produced by Officer Gilbert, the Dunwoody Police Department, or the DeKalb County Jail, documents identified by my attorney in my initial disclosures.

- 10. If you have ever been a party to any other litigation (of any kind, including but not limited to, civil, criminal, small claims, divorce, or bankruptcy) prior to or contemporaneously with this lawsuit, please state the nature of the suit, the style of the case (identified by the names of the parties, the court, county, and state), and its case number.**

Response: I was divorced from William Schroeder in May 2014 in Pitt County, North Carolina. I do not recall the case number.

- 11. Please state your complete criminal history, identifying all criminal**

charges asserted against you, the nature of the charges, the dates thereof, the jurisdiction within which the charges were asserted, and the disposition of the same.

Response: I do not have any criminal history except for the charges that are the subject of this lawsuit.

12. Please state the complete address of each place where you have resided during the last 12 years, stating the inclusive dates of your residency at each such address.

Objection: Plaintiff objects to this interrogatory as overly broad and unduly burdensome and because it is not reasonably calculated to lead to the discovery of admissible evidence. Subject to that objection, Plaintiff offers the following:

Response: I have provided the addresses and approximate dates to the best of my recollection. There were also times when I stayed with friends but I do not recall their addresses.

| <u>Address</u> | <u>Dates</u> |
|--|------------------------------------|
| 5 Pinewood Drive, Laflin PA | 2002-2005, 2007-2009, 2013-present |
| 4949 Birney Avenue, Moosic, PA, 18507 | 2005-2007 |
| 176 Debbie Drive in Drums, PA | 2009-2011 |
| 105 Prince Road, Greenville, NC, 27858 | 2011-2013 |

- 13. Please provide a current address and telephone number for William Schroeder and describe your current relationship with William Schroeder.**

Response: We are friends and talk on the phone occasionally. His address is 105 Prince Road, Greenville, NC, 27858. His phone number is (570) 436-6855.

- 14. Describe your relationship with Deavon Beazer on August 2, 2013.**

Response: Prior to August 2, 2014, I briefly dated Deavon but ultimately decided that I only wanted to be friends with him.

- 15. Describe, in detail, your activities during the 24 hours leading up to the time of the subject arrest.**

Objection: Plaintiff objects to this interrogatory on the basis that it is vague and overly broad. Subject to that objection and without waiving the same, Plaintiff offers the following.

Response: Erica was visiting me from out of town and I was staying in Devon's apartment. The day before my arrest, we went to a shopping mall. That evening, we watched a movie at Devon's house. The day of my arrest, Erica and I went to the pool in Devon's apartment complex. Later, Erica, Devon and I went to a restaurant. After eating, we went to TJ Maxx, Marshall's, and Barnes and Noble. I

purchased some books and planned to read them that evening. We were pulled over after leaving Barnes and Noble.

- 16. Identify all employment opportunities you have pursued since the date of your arrest, including the name, address, and telephone number of the employer, the date you sought employment, the job description, and the outcome of your pursuit of each employment opportunity.**

Response: Aside from the book I published, I have not applied for employment due to my PTSD and inability to travel.

- 17. Identify the telephone number you provided to Defendant Gilbert to call William Schroeder on August 2, 2013.**

Response: (570) 436-6855

- 18. Identify all writings you have authored, including but not limited to, books, articles, stories, blog postings, or other online postings, and the name(s) under which they are published.**

Objection: Plaintiff objects to this interrogatory as overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. The request does not limit the "writings" sought by date or subject

matter, and it is not feasible for Plaintiff to answer for “all” writings she has produced. Subject to that objection and without waiving the same, Plaintiff offers the following.

Response: In college, I wrote stories for assignments, often dealing with mythology and folklore. My MA thesis was 487 pages. I also gave many speeches when I was a part of Voice of the People USA. I’ve spoken at rallies and Tea Party events. I gave more speeches when I was going to run for office.

I wrote a political blog briefly that has long-since been deleted. I abandoned it when I stepped out of the Luzerne County political scene in anticipation of my move. See <http://gort42.blogspot.com/2009/05/renee-butts-for-state-represenative.html>, <http://gort42.blogspot.com/2009/10/renee-butts-out.html>,

I was the Promotions Officer for the US Pirate Party for a short time after ending my run for state rep and abandoning the GOP. I wrote a weekly newsletter that had a national audience. I could not find this online any longer.

My published novel is “Siren Slave.” It’s written under the alias of Aurora Styles. I’ve been trying to work on my second, but it’s difficult, as my concentration is garbage. It’s tentatively called “Flavor of Blood.”

I keep a gaming blog, available at <http://emberglorious.tumblr.com>.

- 19. With respect to Paragraph 20 of the Complaint, please state each fact upon which you rely to allege that your mugshot has caused harm to your reputation.**

Response: Following my arrest, my mugshot was published on multiple mugshot websites, the DeKalb County Jail's online inmate roster, and that information was visible to anyone who searched the internet for my name or searched the jail's roster.

- 20. With respect to Paragraph 23 of the Complaint, please state each fact upon which you rely to allege that you suffered shock, trauma, and mental anguish following your incarceration in the DeKalb County Jail.**

Response: After being arrested I was strip searched, forced to submit to a blood test, sent to general population, and had to spend the night in jail in deplorable conditions. I had no idea when I would be released. I had no idea that I was breaking the law when I was arrested. My held my husband's prescription medication for a valid reason and had no intention of taking his medication or dispensing it to anyone. I was in shock that an officer could pull me over and, as a passenger in the car, demand to search my purse, and then arrest me. Following my

release from jail and return to Pennsylvania, I exhibited symptoms of what I now know are typical of post traumatic stress disorder. These symptoms have been detailed, in part, in response to other interrogatories. I have frequent nightmares, panic attacks, and suffer from a fear that I will be arrested if I leave the house. It has negatively affected my ability to concentrate and perform work and organizational tasks, my memory, and rendered me essentially homebound. I live in constant fear of the police and of being arrested again.

Submitted this 15th day of December, 2014.

FILIPOVITS LAW FIRM, P.C.
2900 Chamblee-Tucker Rd.
Building 1
Atlanta, Georgia 30341
Phone: 770-455-1350
Fax: 770-455-1449
jrfilipovits@gmail.com

s/Jeffrey R. Filipovits
Jeffrey R. Filipovits
Georgia Bar No. 825553
Attorney for Plaintiff

12/12/2014 02:33PM 5706545372

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MVH

PATRICIA BUTTS

PAGE 01/01

page 1

Dec 12 2014 1:47PM HP LASERJET FAX

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

RENEE SCHROEDER,

Plaintiff,

v.

CALEB GILBERT,

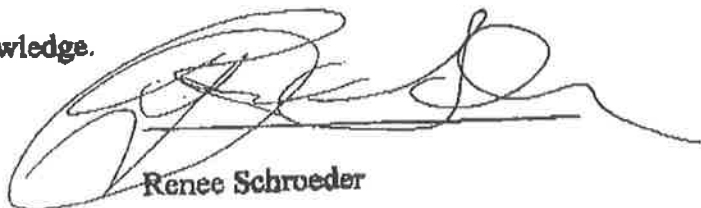
Defendant.

CIVIL CASE NO.:

4:14-cv-00130-HLM

VERIFICATION

I, Renee Schroeder, have read the foregoing Response to Defendant's First Interrogatories and swear under the penalty of perjury that the answers supplied are true and correct to the best of knowledge.



Renee Schroeder

11/24/2014 MON 14:16 RECEIVED 11/24/2014 14:23 7704551449
FAX 570 558 6838 Matthew Berger MD PC

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11/14/2014 14:33 7704551449

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PAGE 02/02

JEFF FILIPOVITS
ATTORNEY AT LAW

2900 Chamblee-Tucker Road
Building 1
Atlanta, Georgia 30341

Office: 770-455-1350
Fax: 770-455-1449
jrfilipovits@gmail.com

November 14, 2014

VIA FAX TO: (570) 558-6838

Matthew A. Berger, MD, P.C.
340 Montage Mountain Road
Moosic, PA 18507

Dear Dr. Berger:

I represent your current patient Renee Butts in a lawsuit filed in Atlanta, Georgia against a police officer who arrested her on August 2, 2013. The case is currently pending in federal court in the Northern District of Georgia and is case number 4:14-cv-00130-HLM.

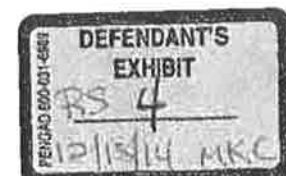
One of the issues in the case relates to Renee's mental health and the medical treatment she sought and received following her arrest, and Renee is required to provide all medical records, including: medical reports, psychiatric reports, psychological records, physician's notes, psychologist's notes, pharmacy record, prescriptions, doctor's bills, drug bills, and any other similar documents.

I understand that Renee has signed a HIPAA release authorizing your office to release her medical records to me. Based upon that release, I request that you provide any and all medical records in your office for Renee from January 2013 to the present. This request includes any records related to treatment she received from you or from any counselor in your office.

Please advise me if there is any cost associated with producing these records and I will make arrangements for payment. If you have any questions, please do not hesitate to contact my office.

Sincerely,


Jeff Filipovits
Attorney for Renee Butts



11/24/2014 MON 14:17 RECEIVED 11/24/2014 14:23 7704551449
FAX 570 538 6838 Matthew Berger MD PC

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003/026

AUTHORIZATION TO DISCLOSE INFORMATION FROM MATTHEW BERGER, MD

Patient Name: Renée Butts Account #: 61763Date of Birth: 10/23/1982

I authorize the use of disclosure of the above named individual

described below.
Called Lawyer.
Lmom

The following individual(s) or organization(s) are authorized to:
Matthew A. Berger, MD, PC
340 Montage Mountain Road, Moosic, PA 18507

- (☒) Initial Psychiatric Evaluation (☒ Th)
(☒) Psychiatric Notes (☒ X)
(☒) Lab Reports (☒ X)
(☒) Appointment History (☒ X)

I understand that the information in my health record,
and/or Drug Abuse/Use, Behavior and/or Mental Her
(AIDS), and/or Human Immunodeficiency Virus (H

not

ing.

The information identified above may be used by:

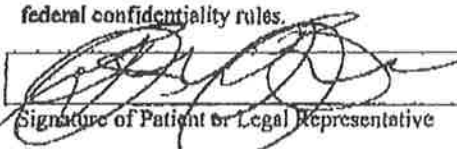
Name: Jeff FilipovitzAddress: 2900 Chamblee Tucker Rd, Bw...

mtg GA, 30341

Phone #: (678) 237-9302 Fax #: (770) 435-1119For the Purpose of: lawyer

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Records Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that this revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. This authorization will expire in one (1) year.

I understand authorizing the use or disclosure of the information identified about is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect the information to be used or disclosed. I understand that any disclosure of the information may not be protected by federal confidentiality rules.


Signature of Patient or Legal Representative

11/20/2014
Date

If signed by legal Representative, Relationship to Patient

Signature of Witness

This form must be completed in its entirety; otherwise, your request will not be processed. This is a Legal Document.

(from) Release 06/14

11/20/14

MATTHEW BERGER, M.D.

Page 1

Prescription Listing for Patient RENEE BUTTS Account # 61263 DOB 10/23/1982

| Pre Date | Refilled | Dsc Date | Drug | Strength | Sig/Comments | Quantity | Rfl |
|------------------|----------|----------|--------------|----------|---|----------|-----|
| - CURRENT | | | | | | | |
| 09/08/14 | 10/22/14 | | Prozac | 20 MG | 1 by mouth every morning | 30 | 1 |
| 08/14/14 | 10/22/14 | | Prasosin HCL | 1 MG | 1 tablet by mouth in am and 2 tablets by mouth at bedtime | 30 | 1 |

Allergies: Augmentin, Robitussin

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FAX 570 558 6838 Matthew Berger MD PC

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0006/026

11/20/14 KARLENE ALBRECHT, LPC Acct#: 81283
Renee Butts DOB: 10/23/1982 Sex: F Age: 32 years

Session Focus: symptoms of PTSD,

Pt reports "Not so good". Pt unaccompanied.

Pt reports she was told by her lawyer that she will have to go to Georgia sometime before Dec 18 to testify. Pt is terrified and anxiety and panic attacks have significantly increased. Pt will not take medication for anxiety as it is her ex-husband's anxiety medication that led to the traumatic experience and pt is still fearful that it will happen again. Pt still experiencing significant PTSD symptoms to include fear, helplessness, guilt, shame, self-blame, feeling permanently damaged, feeling ineffective and feeling nobody understands her. Pt has distressing dreams that lead to restless sleep.

Pt is isolating as she is attempting to avoid thoughts, feelings and conversations associated with the trauma and in turn she avoids going out to places, doing activities and especially driving as she was in a car that was pulled over for a traffic violation. She is also experiencing difficulty falling asleep and staying asleep, irritability and outbursts of anger, hypervigilance and exaggerated startle response. More severe symptoms include panic attacks. Pt has also been unable to look for employment as she is a teacher and is still fearful that traumatic event has ruined her reputation and opportunity to be a teacher.

Worked on CBT techniques to cope with panic attacks. Identified catastrophic thinking and connecting bodily symptoms to catastrophic thoughts. Gave handout on coping statements and reviewed the ones that apply. Gave handout on coping strategies to counteract panic at an early state and encourage pt to practice if applicable. Gave handout on simple distraction techniques to use while driving and or when experiencing a panicked feeling.

Next session will continue to address developing coping skills to cope with panic attacks and will begin CBT techniques for overcoming traumatic stress symptoms.

Continue to encourage changing thought process from victim to survivor.

Patient's strength/limitations in achieving goals/objectives:

Strengths: expressive, intelligent, motivated, positive social network, positive support system and verbal

Limitations: significant trauma

Exam:

Const: Appears healthy and well developed. No signs of acute distress present. No involuntary movement. Patient is cooperative.

Psych: Patient's attitude is cooperative. Displays anxiety during encounter. Patient's affect is anxious. Speech is clear, coherent and tearful. No aphasia noted while speaking. No apparent agnosia present. Thought processes demonstrate relevance. Associative thinking is intact. Patient does not have delusions or hallucinations. Suicidality: none. Homicidality: none.

Dangerousness: none. Alert and oriented x3. Concentration is impaired. Judgement is realistic and intact. Insight is appropriate and intact. Knowledge and vocabulary are consistent with education.

Assessment: Anxiety is ongoing and exacerbated. Panic disorder is increasing, ongoing,

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exacerbated and related to situational stressors. PTSD is ongoing.

Axle I: Posttraumatic Stress Disorder, Anxiety State Unspec

Feelings of anxiety were expressed during this session. We discussed coping with panic attacks. Problems in relationships with others and interpersonal problems were discussed by the patient. Coping with symptoms of Post Traumatic discussed.

Challenged and reframed patient's self defeating cognitions, provided cognitive behavioral therapy, in this session, the therapeutic focus was on emotional support, encouragement to ventilate feelings was given to the patient. The sources of certain feelings were explored, insight given and validation provided.

Goal: Improve anxiety, improve PTSD, increase day to day functioning and maintain gains.

Estimated Sessions: 10.

Estimated length of stay: 8-9 months

Estimated length of stay:

Time In: 9:15 am **Time Out:** 10:00 am

Practitioner's Signature:

Karlene Albrecht, ALP, LPC

Electronically signed by Karlene Albrecht, LPC

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11/06/14 KARLENE ALBRECHT, LPC Acct#: 61263
Renee Butts DOB: 10/23/1982 Sex: F Age: 32 years

Session Focus: symptoms of PTSD,

"All right:". Pt reports she had friends in from out of town and realized that she is much calmer and less anxious when around others who are calm. Doing a little better in that she has been able to go out and not have a panic attack when with others who are calm. Expressed thoughts and feelings and processed situations at home and with mother that are a source of stress and anxiety as pt reports her mother to be very anxious and her interactions with her to be a significant source of stress. Encouraged pt to challenge the irrational belief that she is a child again and to remind self daily of strengths and accomplishments as an adult in an attempt to live in the present and to gain back some control over self.

Continue to encourage changing thought process from victim to survivor.

Patient's strength/limitations in achieving goals/objectives:

Strengths: expressive, intelligent, motivated, positive social network, positive support system and verbal

Limitations: symptoms of trauma

Exam:

Const: Appears healthy and well developed. No signs of acute distress present. No involuntary movement. Patient is cooperative.

Psych: Patient's attitude is cooperative. Displays anxiety during encounter. Patient's affect is anxious. Speech is clear, coherent and tearful. No aphasia noted while speaking. No apparent agnosia present. Thought processes demonstrate relevance. Associative thinking is intact. Patient does not have delusions or hallucinations. Suicidality: none. Homicideality: none. Dangerousness: none. Alert and oriented x3. Concentration is impaired. Judgement is realistic and intact. Insight is appropriate and intact. Knowledge and vocabulary are consistent with education.

Assessment: Anxiety is ongoing. Depression is ongoing. Panic disorder is ongoing. PTSD is ongoing.

Axial I: Posttraumatic Stress Disorder, Anxiety State Unspec

Feelings of anxiety were expressed during this session. We discussed coping with depression and panic attacks. Problems in relationships with others and interpersonal problems were discussed by the patient.

Encouragement to ventilate feelings was given to the patient, the patient's irrational ideas were confronted and reflected today, insight given and validation provided.

Goal: Improve anxiety, improve depression, improve PTSD, increase day to day functioning and maintain gains.

Estimated Sessions: 11.

Estimated length of stay: 6-9 months

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Estimated length of stay:

Time In: 9:07 am Time Out: 9:52 am

Practitioner's Signature:

Karlene Albrecht, ALPC

Electronically signed by Karlene Albrecht, LPC

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MVH

010/026

10/24/14 JILL, COSGROVE CRNP Acct#: 81283
Renee Butts DOB: 10/23/1982 Sex: F Age: 32 years

Subjective

CC: Patient states: "I'm o.k.". Pt unaccompanied today. Pt states that she has been sick for a month on and off; "my immune system is off." Pt states that she continues to have fears and anxiety surrounding events that happened; pt sees Karlene for therapy and is working on reframing thought processes. Pt states that she notices that when she takes Prazosin, she sleeps better and has less nightmares. Pt looks forward to celebrating birthday and Halloween with friends. Denies SI/HI when asked.

HPI:

Patient reports symptoms of anxiety.

Pt states that she presents for initial appointment today due to anxiety as a result of a wrongful arrest. Pt states that she was pulled over and had a bottle in her travel purse of her ex-husband's prescription medication for "an anti-anxiety medications." Pt states that she was arrested and spent two days in jail in Georgia due to this possession. Pt states that she had two beers that night but were a passenger in the vehicle. Pt also states that she was sexually assaulted when she was in Georgia twice, both times by same attacker; did not report the incidents because "I was afraid of going to jail again and I felt helpless." Pt states that she feels anxious all the time, and is "on hyper-alert because I am always afraid the police are coming after me." Pt also having increased anxiety when driving. Pt also is afraid of enjoying things too much because "I'm afraid that if I enjoy things too much, it will be taken away from me" and pt feels that she self-sabotages.

Reports agitation is infrequent. Reports anxiety is variable. Reports appetite is poor. Reports ability to concentrate is fair. Reports decreased depressed mood. Reports energy level is fair. Reports heart racing. Reports frequent feelings of impending doom. Reports decreased interest. Reports infrequent irritability and poor frustration tolerance. Denies mood lability. Reports motivation is fair. Reports decreased need to withdraw. Reports frequently feeling overwhelmed. Reports decreased panic attacks. Reports racing thoughts. Reports ruminations. Reports shaking. Reports problems with sleep have decreased. Denies suicidal thoughts. Reports frequent worrying. Onset being abrupt following end of a relationship and legal problems Present for 1 year. Has improved since last visit. Rated as moderate to severe. Symptoms occur daily. Has frequent attacks of symptoms. Aggravated by crowds, lack of sleep, going to public places and stress. Alleviated by enjoyable activities, applying information learned in previous office visits and keeping busy. Taking medication as prescribed. Does not note any medication side effects. . Pt reports symptoms of PTSD Reports acting or feeling as if the traumatic event were recurring. Reports efforts to avoid activities associated with trauma. Reports efforts to avoid people associated with trauma. Reports efforts to avoid thoughts associated with trauma. Reports feelings of detachment or estrangement from others. Reports intense psychological distress at exposure to internal cues. Reports recurrent distressing dreams of the event. Reports a sense of a foreshortened future. Reports increased, ongoing anxiety and ability to concentrate is poor. Reports energy level is poor, exaggerated startle response is more frequent and hypervigilance is worse denies inability to recall important information about the event. Reports interest is poor. Reports easily feeling overwhelmed, ruminations, sleep disturbances are more frequent denies promiscuity, suicidal thoughts. Onset being abrupt following sexual abuse and legal problems Present for awhile. Has improved since last visit. Rated as moderate to severe. Has ex persistently. Aggravated by crowds, exposure to stimuli associated with a traumatic event, lack of sleep, going to public places and stress. Alleviated by avoidance of stimuli associated with the traumatic event and keeping busy. Taking medication as prescribed. Does not note any medication side effects. .

Denies and does not demonstrate any symptoms of Asperger's disorder, autistic disorder, bulimia,

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childhood disintegrative disorder, conduct disorder, dementia, dysthymic disorder, mental retardation, oppositional defiant disorder, organic affective disorder, panic attacks, PMDD, reactive attachment disorder, Rett's disorder, schizophrenia, substance abuse, thought disorder or Tourette's disorder.

Suicidal Tendencies Rating at Study Intake

1-Absent

Risk Factors: life changing event and presence of Psychiatric Disorder.

Protective Factors: absence of psychosis, appropriate insight, concern for consequences, positive coping skills, future orientation, motivation for treatment and positive problem solving

skills. Suicidal Tendencies Rating at Study Intake

1-Absent

Risk Factors: life changing event and presence of Psychiatric Disorder.

Protective Factors: absence of psychosis, appropriate insight, concern for consequences, positive coping skills, future orientation, good support system, motivation for treatment, pet ownership and positive problem solving skills. Suicidal Tendencies Rating at Study Intake

1-Absent

Risk Factors: life changing event and presence of Psychiatric Disorder.

Protective Factors: absence of psychosis, appropriate insight, concern for consequences, positive coping skills, future orientation, good support system, life satisfaction, motivation for treatment, pet ownership and positive problem solving skills.

Psychiatric History:

Previous Medications:

Ativan - "when I was working at the courthouse and the anxiety was so high-I didn't take it for long".

Previous Psych Visits:

Seen By A Therapist Previously - Deb Pavlico.

Previous Suicidal Attempts:

Never.

Previous Psych Admissions:

No Prior Admissions.

Drugs/Alcohol/Tobacco Use/Abuse:

Currently consumes alcohol, drinks 4-5 beers a week. Denies drug use. Current cigarette smoker, has smoked 1 pack daily.

Family Psychiatric Illness: Father has a history of dementia.

Reviewed, no changes.

Date: 10/24/2014

Was the patient queried about smoking behavior? ☒ Yes ☐ No

Does the patient currently smoke? Smoking: Patient is a current smoker, smokes every day.

Past Meds: Prozac 10 mg 1 by mouth every day for 1 week, then 2 tabs by mouth daily

Current Meds: Prozac 20 mg, Prazosin HCL 1 mg

Allergies: Augmentin, Robitussin

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FAX 570 558 6838 Matthew Berger MD PC

MVH

012/026

Objective**BP: 107/72 Pulse: 72****Exam:****Const:** Appears healthy and well developed. No signs of acute distress present. Motor activity is calm.**Musculo:** Walks with a normal gait.**Psych:** Patient's attitude is cooperative. Displays anxiety periodically during encounter. Patient's affect is appropriate. Speech is clear, fluent and spontaneous. No aphasia noted while speaking. No apparent agnosia present. Language processing is intact. Thought processes demonstrate coherence and logic. Associative thinking is intact. Patient does not have delusions or hallucinations. Suicidality: none. Homicidality: none. Dangerousness: none. Alert and oriented x3. Immediate, recent and remote memory intact. Attention span and concentration are normal. Judgement is realistic and intact. Insight is appropriate and intact. Knowledge and vocabulary are consistent with education.**Assessment:** Anxiety is ongoing and related to situational stressors. PTSD is ongoing.**Axis I:** Posttraumatic Stress Disorder, Anxiety State Unspec**Axis II:** Rule Out 301.9 - Personality Disorder NOS**Axis III:** Deferred**Axis IV:** Problems with primary support group. Problems related to the social environment. Occupational problems.**Axis V:** Current GAF Score: 52

Treatment Plan and Recommendations: Feelings of anxiety and shame were expressed during this session. We discussed coping with panic attacks. Problems in relationships with others, problems in the workplace, self defeating problems and interpersonal problems were discussed by the patient. Becoming easily frustrated was discussed by the patient. In this session, the therapeutic focus was on emotional support, encouraged socialization with the patient, encouragement to ventilate feelings was given to the patient, the patient's irrational ideas were confronted and reflected today, insight given, patient was made aware of crisis lines, 24 hr crisis reviewed, supportive psychotherapy was given and validation provided. Illness education, an explanation of treatment materials was given to patient, medication teaching given, reference materials regarding the nature of the illness were given to patient, the patient was counseled and educated on the prognosis of the diagnosed condition, the patient was counseled and educated on risks and benefits of treatment, the patient was counseled and educated regarding the risks and benefits of the recommended procedure, the risks and benefits of medications were discussed with the patient, the patient was counseled and educated on the risks and benefits of anti-depressant therapy and medication teaching sheets were given to the patient. The patient verbalizes understanding of all instructions given and teaching sheet given.

Intervention/Plan:**Prozac** 20 mg 1 by mouth every morning, **Prazosin HCL** 1 mg 1 tablet by mouth in AM and 1 tablet by mouth at bedtime

Medication side effects reviewed with patient

-Increase Prazosin to 1 mg PO BID; pt may take 2 mg at hs if AM dose not tolerated.

-Continue therapy with **Karlene**.

-Women's Resource Center information given to patient.

-Call with questions/problems/concerns.

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0013/026

Goal: Alleviate presenting complaints, enhance coping skills, improve anxiety, improve coping with stressors, improve PTSD, increase day to day functioning, promote decision making and maintain gains.

Estimated Sessions: 20.

Insight given, behavioral techniques addressed, teaching sheet given, validation provided, illness education, medication teaching given and 24hr crisis reviewed.

Return to office in 1 month.

Time In: 10:48 am Time Out: 11:05 am

Jill Cosgrove, CRNP

Electronically signed by agent of provider: Jill Cosgrove
Jill Cosgrove, CRNP

Read above, agree with assessment and treatment.

Matthew Berger

Electronically signed by Matthew Berger, MD

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MVH

014/026

10/22/14 KARLENE ALBRECHT, LPC Acct#: 61283
Renee Butts DOB: 10/23/1982 Sex: F Age: 31 years

Session Focus: symptoms of PTSD,

Has been sick and cancelled appointment with Jill Congrove, PA last week as a result. Has been sick for over a month and has not been able to shake it. Stress seems effect her immune system. Still experiencing symptoms of PTSD. Still reacting to loud noises. Dogs bark and door bell rings and still thinks it is the police. Difficulty with concentration. Starting on second manuscript and can't get going on it.

Has been able to drive short distances and drove here today. Saw a police officer, had a panic attack and started to gag.

Pt's mother is constantly stressed and shares the stress and puts a lot of stress on the pt. This adds to pt's anxiety along with the pt wanting to be more independent and not controlled by parents and family.

Started to focus today on feeling safe again. Using REBT identified an activating event in that the client may have to go back to Georgia and may be incarcerated again. Encouraged her to challenge this irrational belief and convince herself that she is safe now and there is a very small chance that she will ever incarcerated again. Pt able to identify that as long as she stays in PA she does not have as much fear that she will be incarcerated unjustly as she has friends and family here to support her and advocate for her. Pt able to identify the underlying emotions as anxiety, shame, depression and rage.

Began to introduce changing thought process from victim to survivor.

Patient's strength/limitations in achieving goals/objectives:

Strengths: expressive, intelligent, motivated, positive social network, positive support system and verbal

Limitations: symptoms of trauma

Exam:

Const: Appears healthy and well developed. No signs of acute distress present. No involuntary movement. Patient is cooperative.

Psych: Patient's attitude is cooperative. Displays anxiety during encounter. Patient's affect is anxious. Speech is clear, coherent and tearful. No aphasia noted while speaking. No apparent agnosia present. Thought processes. (Thought Process) Associative thinking is intact. Patient does not have delusions or hallucinations. Suicidality: none. Homicidality: none. Dangerousness: none. Alert and oriented x3. Concentration is impaired. Judgement is realistic and intact. Insight is appropriate and intact. Knowledge and vocabulary are consistent with education.

Assessment: Anxiety is ongoing. Depression is ongoing. Panic disorder is ongoing. PTSD is ongoing.

Axial I: Posttraumatic Stress Disorder

Angry feelings predominated the session. Feelings of anxiety, hopelessness and shame were expressed during this session. We discussed coping with depression and panic attacks. Interpersonal problems were discussed by the patient.

Encouragement to ventilate feelings was given to the patient, the patient was encouraged to explore the sources of maladaptive behavior, the patient's irrational ideas were confronted and reflected today, insight given and validation provided.

Goal: Improve anxiety, improve depression, improve PTSD, increase day to day functioning and maintain gains.

Estimated Sessions: 12.

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015/026

Estimated length of stay: 6-8 months

Time In: 8:03 am Time Out: 10:00 pm

Practitioner's Signature:

Karlene Albrecht, MD, PC

Electronically signed by Karlene Albrecht, LPC

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MVH

2016/026

09/26/14 KARLENE ALBRECHT, LPC Acct#: 81263
Renee Butte DOB: 10/23/1982 Sex: F Age: 31 years

Treatment Initiation - Assessment Phase:

Preferred Reference: Renee

Referral Source: Mom's friend.

Presenting Problem - Client perspective: "Has been told she has PTSD". Symptoms include nightmares, hard time sleeping. Has a hard time driving, has panic attacks, afraid to get close to people, isolates in room, detachment from others, flashbacks, hypervigilance, exaggerated startle response. When she hears dogs bark is fearful that it is police. When she sees police gets panicky. Fight or flight response when sees police especially if in a car. Symptoms have persisted for a year. Symptoms are worsening recently as there is a chance she may have to return to Georgia.

A year ago in August, in Georgia was driving with two friends and was pulled over by the police for a routine traffic violation. Was arrested for having a 3 yo bottle of Klonopin (that belonged to her ex-husband) in her that was in her travel purse and put in jail. When she got out of jail, was raped by the same person. Had felony drug charges, but they were dismissed. Has a lawyer. Has bachelors from Kings and masters in creative writing Wilkes and has teaching degree in Georgia.

Presenting Problem - Referral (if applicable):

Exam:

Const: Appears healthy and well developed.

Psych: Motor: Motor activity is WNL. Displays anxiety during encounter. Patient's affect is anxious. Speech is spontaneous. Thought processes demonstrate relevance. No delusions, hallucinations, obsessions, preoccupations or somatic thoughts are elicited. Suicidality: none. Homicidality: none. Memory is intact. Judgement is impaired. Insight is impaired.

Barriers to suicide:

PCP: PCP Phone:

Relationship History:

Current Status: Divorced, Married for 3 1/2 years. Divorced on May, 2014.

Past Status:

Pattern:

Trauma:

Event: Wrongful arrest followed by a rape in 2013.

Response: currently experiencing symptoms of PTSD

Family of Origin Structure:

Father: Bob - 80

Relationship:

Mother: Patty - born 1953

Relationship: lives with parents

Step Father:

Step Mother:

Sister(s):

Brother(s):

Step Siblings:

Military History (if applicable): none

Formal Supports (TCM, etc): none

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2017/026

Identified Strengths: is a published author - book is fantasy romance; working on a second book; still writes; is a gamer on a role play server;

Offered Comments: A year ago in August in Georgia was driving with two friends and was pulled over by the police. Was arrested for a 3 yo bottle of Klonopin in her that was in her travel purse. Was arrested and put in jail. When she got out of jail, was raped by a . Had felony drug charges, they were dismissed. is suing.

Medications

Psychotropics:

Prozac 20 mg 1 by mouth every morning

Prazosin HCL 1 mg 1 tablet by mouth daily at bedtime

Non-Psychotropics:

Problems/Concerns to be attended: symptoms of PTSD,
Plan

Continued Care Under:

cognitive/behavioral focus and insight oriented approach.

Axis I: Posttraumatic Stress Disorder

Axis II: Deferred

Axis III: None

Axis IV: Moderate. Problems related to the social environment.

Axis V: Current GAF Score: 66

Intervention/Plan:

Prozac 20 mg 1 by mouth every morning, Prazosin HCL 1 mg 1 tablet by mouth daily at bedtime

Disposition: Return to office in 2 weeks.

Procedure Code: 90834-Psychotherapy 45Min With Patient And/Or Family

Time In: 11:08 am **Time Out:** 11:50 am

Crisis Plan: Crisis Plan: talk to supports

Termination Date: 00/00/0000

Reasons:

Aware of and agrees/contracts to utilize 24 hour Crisis Intervention Line/Warm Line, etc: ☒

Next Session: 2 weeks.

Kariene Albrecht, MA, LPC

Kariene Albrecht, MA, LPC

Electronically signed by Kariene Albrecht, LPC

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MVH

018/026

08/11/14 JILL, COSGROVE CRNP Acct#: 61263
Renee Butts DOB: 10/23/1982 Sex: F Age: 31 years

Subjective

CC: Patient states: "I'm o.k.". Pt unaccompanied today. Pt states that she has good days and bad days; pt states that she still has anxiety and depressed feelings at times. Pt states that her book came out (pt is a writer) and excited about it, but is "afraid to become too happy about it because I am afraid that something is going to happen to destroy my happiness. I do that a lot." Recommended that pt begin to see therapist as soon as possible to enhance coping skills and address fears. Denies SI/HI.
HPI:

Patient reports symptoms of anxiety.

Pt states that she presents for initial appointment today due to anxiety as a result of a wrongful arrest. Pt states that she was pulled over and had a bottle in her travel purse of her ex-husband's prescription medication for "an anti-anxiety medications." Pt states that she was arrested and spent two days in jail in Georgia due to this possession. Pt states that she had two beers that night but were a passenger in the vehicle. Pt also states that she was sexually assaulted when she was in Georgia twice, both times by same attacker; did not report the incidents because "I was afraid of going to jail again and I felt helpless." Pt states that she feels anxious all the time, and is "on hyper-alert because I am always afraid the police are coming after me." Pt also having increased anxiety when driving. Pt also is afraid of enjoying things too much because "I'm afraid that if I enjoy things too much, it will be taken away from me" and pt feels that she self-sabotages.

Reports agitation is infrequent. Reports anxiety is variable. Reports appetite is poor. Reports ability to concentrate is fair. Reports depressed mood. Reports energy level is fair. Reports heart racing. Reports frequent feelings of impending doom. Reports decreased interest. Reports infrequent irritability and poor frustration tolerance. Denies mood lability. Reports motivation is fair. Reports decreased need to withdraw. Reports frequently feeling overwhelmed. Reports panic attacks. Reports racing thoughts. Reports ruminations. Reports shaking. Reports problems with sleep have decreased. Denies suicidal thoughts. Reports frequent worrying. Onset being abrupt following end of a relationship and legal problems Present for 1 year. Has worsened since onset. Rated as moderate to severe. Symptoms occur daily. Has frequent attacks of symptoms. Aggravated by crowds, lack of sleep, going to public places and stress. Alleviated by enjoyable activities, applying information learned in previous office visits and keeping busy. Taking medication as prescribed. Does not note any medication side effects. .
Pt reports symptoms of PTSD Reports acting or feeling as if the traumatic event were recurring. Reports efforts to avoid activities associated with trauma. Reports efforts to avoid people associated with trauma. Reports efforts to avoid thoughts associated with trauma. Reports feelings of detachment or estrangement from others. Reports intense psychological distress at exposure to internal cues. Reports recurrent distressing dreams of the event. Reports a sense of a foreshortened future. Reports increased, ongoing anxiety and ability to concentrate is poor. Reports energy level is poor, exaggerated startle response is more frequent and hypervigilance is worse denies inability to recall important information about the event. Reports interest is poor. Reports easily feeling overwhelmed, ruminations, sleep disturbances are more frequent denies promiscuity, suicidal thoughts. Onset being abrupt following sexual abuse and legal problems Present for awhile. Has worsened since onset. Rated as moderate to severe. Has ex persistently. Aggravated by crowds, exposure to stimuli associated with a traumatic event, lack of sleep, going to public places and stress. Alleviated by avoidance of stimuli associated with the traumatic event and keeping busy. Taking medication as prescribed. Does not note any medication side effects. .

Denies and does not demonstrate any symptoms of Asperger's disorder, autistic disorder, bulimia,

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2019/026

childhood disintegrative disorder, conduct disorder, dementia, dysthymic disorder, mental retardation, oppositional defiant disorder, organic affective disorder, panic attacks, PMDD, reactive attachment disorder, Rett's disorder, schizophrenia, substance abuse, thought disorder or Tourette's disorder.

Suicidal Tendencies Rating at Study Intake

1-Absent

Risk Factors: life changing event and presence of Psychiatric Disorder.

Protective Factors: absence of psychosis, appropriate insight, concern for consequences, positive coping skills, future orientation, motivation for treatment and positive problem solving

skills. Suicidal Tendencies Rating at Study Intake

1-Absent

Risk Factors: life changing event and presence of Psychiatric Disorder.

Protective Factors: absence of psychosis, appropriate insight, concern for consequences, positive coping skills, future orientation, good support system, motivation for treatment, pet ownership and positive problem solving skills.

Psychiatric History:

Previous Medications:

Ativan - "when I was working at the courthouse and the anxiety was so high-I didn't take it for long".

Previous Psych Visits:

Seen By A Therapist Previously - Deb Pavlico.

Previous Suicidal Attempts:

Never.

Previous Psych Admissions:

No Prior Admissions.

Drugs/Alcohol/Tobacco Use/Abuse:

Currently consumes alcohol, drinks 4-5 beers a week. Denies drug use. Current cigarette smoker, has smoked 1 pack daily.

Family Psychiatric Illness: Father has a history of dementia.

Reviewed, no changes.

FH:

Father: Bob, age 80

Mother: Patty, age born in 1953

Children:None

Siblings:4 - half-sisters.

Reviewed, no changes.

PMH:

Health Maintenance:

Breast Exam - (2009)

Counseling - (2014)

Medical Problems:

Back Injury - (2008)

Accidents:

Auto Accident - MVA 2009

Surgical Hx:

Wisdom Tooth Extraction

Reviewed, no changes.

SH:

Marital: Has been divorced 1 time, Legal Status: Divorced - William, were married 5 years.Lives

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MVH

020/026

With: Mother, Raised By: Maternal Grandfather, Maternal Grandmother, Grandparents. Birth Order: Oldest child, Only child on mother's side, youngest on father's side. Childhood Environment: Rough - raised by grandparents; were very controlling and "I got in trouble for not getting above a 90% on my tests, and she was focused on my looks". Pets: 2 dogs. Education: Highest Level Completed, Master's Degree. Occupation: Unemployed, Novelist. Work Status: Unemployed. Source of Income: Part owner of family business. My writing job pays in royalties. Diet: Healthy, Well Balanced. Sleep: Reports continuity disturbances - Nightmares, Typically sleeps 5 hours a night, I go to bed when I'm exhausted. I usually sleep between 3Am - 10Am. Legal History: Current Legal Problems - Filed a wrongful arrest suit, History of Incarceration - Was wrongfully arrested for doing absolutely nothing illegal or remotely shady, Past Legal Problems - arrested for possession of a controlled substance. Hand Dominance: Right-Handed. ADLs/IADLs: Independent with all ADL's, Independent with all IADL's. Abuse: History of sexual abuse. Hobbies: Crossword Puzzles, Reading, Animals, Online gaming, logic puzzles, sudoku, craft beer tasting. Drive: Patient drives, I'm afraid to drive after the wrongful arrest incident. I force myself. Personal Habits: Smoking: Patient is a current smoker, smokes every day. Cigarette Use: Current Cigarette Smoker 1 Pack Daily. Alcohol: Occasionally consumes alcohol, Consumes 1 beer per day, Rarely consumes liquor. Daily Caffeine: Consumes on average 1 cup of coffee per day. Enjoy Exercising: Does not enjoy exercising, I like martial arts, because most exercise is boring and redundant.

Reviewed, no changes.

Date: 09/11/2014

Was the patient queried about smoking behavior? ☒ Yes ☐ No

Does the patient currently smoke? Smoking: Patient is a current smoker, smokes every day.

Past Meds: Prozac 10 mg 1 by mouth every day for 1 week, then 2 tabs by mouth daily

Current Meds: Prozac 20 mg, Praxosin HCL 1 mg

Allergies: Augmentin, Robitussin

Objective

Exam:

Const: Appears healthy and well developed. No signs of acute distress present. Motor activity is calm.

Musculo: Walks with a normal gait.

Psych: Patient's attitude is cooperative. Displays anxiety consistently during encounter. Patient's affect is appropriate. Speech is clear, fluent and spontaneous. No aphasia noted while speaking. No apparent agnosia present. Language processing is intact. Thought processes demonstrate coherence and logic. Associative thinking is intact. Patient does not have delusions or hallucinations. Suicidality: none. Homicidality: none. Dangerousness: none. Alert and oriented x3. Immediate, recent and remote memory intact. Attention span and concentration are normal. Judgement is realistic and intact. Insight is appropriate and intact. Knowledge and vocabulary are consistent with education.

Assessment: Anxiety is ongoing and related to situational stressors. PTSD is ongoing.

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MVH

021/026

Axis I: Anxiety State Unspec, Posttraumatic Stress Disorder

Axis II: Rule Out 301.9 - Personality Disorder NOS

Axis III: Deferred

Axis IV: Problems with primary support group. Problems related to the social environment. Occupational problems.

Axis V: Current GAF Score: 52

Treatment Plan and Recommendations: Feelings of anxiety and shame were expressed during this session. We discussed coping with panic attacks. Problems in relationships with others, problems in the workplace, self defeating problems and interpersonal problems were discussed by the patient. Becoming easily frustrated was discussed by the patient.

In this session, the therapeutic focus was on emotional support, encouraged socialization with the patient, encouragement to ventilate feelings was given to the patient, the patient's irrational ideas were confronted and reflected today, insight given, patient was made aware of crisis lines, 24 hr crisis reviewed, supportive psychotherapy was given and validation provided. Illness education, an explanation of treatment materials was given to patient, medication teaching given, reference materials regarding the nature of the illness were given to patient, the patient was counseled and educated on the prognosis of the diagnosed condition, the patient was counseled and educated on risks and benefits of treatment, the patient was counseled and educated regarding the risks and benefits of the recommended procedure, the risks and benefits of medications were discussed with the patient, the patient was counseled and educated on the risks and benefits of anti-depressant therapy and medication teaching sheets were given to the patient. The patient verbalizes understanding of all instructions given and teaching sheet given.

Intervention/Plan:

Prozac 20 mg 1 by mouth every morning, Prazosin HCL 1 mg 1 tablet by mouth daily at bedtime
Medication side effects reviewed with patient

- Continue same medications.
- Initiate therapy with Karana.
- Women's Resource Center information given to patient.
- Call with questions/problems/concerns.

Goal: Alleviate presenting complaints, enhance coping skills, improve anxiety, improve coping with stressors, improve PTSD, increase day to day functioning, promote decision making and maintain gains.

Estimated Sessions: 20.

Insight given, behavioral techniques addressed, teaching sheet given, validation provided, illness education, medication teaching given and 24hr crisis reviewed.

Return to office in 1 month.

Time In: 11:59 pm Time Out: 12:15 pm

Jill Coagrove, CRNP

Electronically signed by agent of provider: Jill Coagrove
Jill Coagrove, CRNP

Read above, agree with assessment and treatment.

[Signature]

Electronically signed by Matthew Berger, MD

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MMH

0022/026

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023/026

08/14/14 JILL, COSGROVE CRNP Acct#: 61283
Renee Bufts DOB: 10/23/1982 Sex: F Age: 31 years

Subjective

CC: Patient states: "Well...". Pt unaccompanied today. Pt states that she presents for initial appointment today due to anxiety as a result of a wrongful arrest. Pt states that she was pulled over and had a bottle in her travel purse of her ex-husband's prescription medication for "an anti-anxiety medications." Pt states that she was arrested and spent two days in jail in Georgia due to this possession. Pt states that she had two beers that night but were a passenger in the vehicle. Pt also states that she was sexually assaulted when she was in Georgia twice, both times by same attacker; did not report the incidents because "I was afraid of going to jail again and I felt helpless." Pt states that she feels anxious all the time, and is "on hyper-alert because I am always afraid the police are coming after me." Pt also having increased anxiety when driving. Pt also is afraid of enjoying things too much because "I'm afraid that if I enjoy things too much, it will be taken away from me" and pt feels that she self-sabotages. Pt denies SI/HI when asked.

HPI:

Patient reports symptoms of anxiety. . Reports agitation is infrequent. Reports anxiety has increased, is frequent. Reports appetite is poor. Reports ability to concentrate is fair. Reports energy level is fair. Reports heart racing. Reports frequent feelings of impending doom. Reports decreased interest. Reports infrequent irritability and poor frustration tolerance. Reports motivation is fair. Reports the need to withdraw. Reports frequently feeling overwhelmed. Reports panic attacks. Reports racing thoughts. Reports ruminations. Reports shaking. Reports sleep problems. Denies suicidal thoughts. Reports frequent worrying. Onset being abrupt following end of a relationship and legal problems Present for 1 year. Has worsened since onset. Rated as moderate to severe. Symptoms occur daily. Has frequent attacks of symptoms. Aggravated by crowds, lack of sleep, going to public places and stress. Alleviated by enjoyable activities, applying information learned in previous office visits and keeping busy. Not taking any medication at this time. Does not note any medication side effects. .

Pt reports symptoms of PTSD Reports acting or feeling as if the traumatic event were recurring. Reports efforts to avoid activities associated with trauma. Reports efforts to avoid people associated with trauma. Reports efforts to avoid thoughts associated with trauma. Reports feelings of detachment or estrangement from others. Reports intense psychological distress at exposure to internal cues. Reports recurrent distressing dreams of the event. Reports a sense of a foreshortened future. Reports increased, ongoing anxiety and ability to concentrate is poor. Reports energy level is poor, exaggerated startle response is more frequent and hypervigilance is worse denies inability to recall important information about the event. Reports interest is poor. Reports easily feeling overwhelmed, ruminations, sleep disturbances are more frequent denies promiscuity, suicidal thoughts. Onset being abrupt following sexual abuse and legal problems Present for awhile. Has worsened since onset. Rated as moderate to severe. Has ex peralantly. Aggravated by crowds, exposure to stimuli associated with a traumatic event, lack of sleep, going to public places and stress. Alleviated by avoidance of stimuli associated with the traumatic event and keeping busy. Not taking any medication at this time. Does not note any medication side effects. .

Denies and does not demonstrate any symptoms of Asperger's disorder, autistic disorder, bulimia, childhood disintegrative disorder, conduct disorder, dementia, dysthymic disorder, mental retardation, oppositional defiant disorder, organic affective disorder, panic attacks, PMDD, reactive attachment disorder, Rett's disorder, schizophrenia, substance abuse, thought disorder or Tourette's disorder.

Suicidal Tendencies Rating at Study Intake

1-Absent

Risk Factors: life changing event and presence of Psychiatric Disorder.

Protective Factors: absence of psychosis, appropriate insight, concern for consequences, positive coping skills, future orientation, motivation for treatment and positive problem solving skills.

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024/025

Psychiatric History:

Previous Medications:

Ativan - "when I was working at the courthouse and the anxiety was so high-I didn't take it for long".

Previous Psych Visits:

Seen By A Therapist Previously - Deb Pavlico.

Previous Suicidal Attempts:

Never.

Previous Psych Admissions:

No Prior Admissions.

Drugs/Alcohol/Tobacco Use/Abuse:

Currently consumes alcohol, drinks 4-5 beers a week. Denies drug use. Current cigarette smoker, has smoked 1 pack daily.

Family Psychiatric Illness: Father has a history of dementia.

Reviewed and updated.

FH:

Father: Bob, age 80

Mother: Patty, age born in 1963

Children: None

Siblings: 4 - half-sisters.

Reviewed and updated.

PMH:

Medical Problems:

Back Injury - (2009)

Accidents:

Auto Accident - MVA 2009

Surgical Hx:

Wisdom Tooth Extraction

Reviewed and updated.

SH:

Marital: Legal Status: Divorced - William, were married 6 years. Lives With: Mother. Raised By: Grandparents. Birth Order: Oldest child. Childhood Environment: Rough - "raised by grandparents; were very controlling and "I got in trouble for not getting above a 90% on my tests, and she was focused on my looks". Education: Highest Level Completed, Master's Degree. Occupation: Unemployed. Work Status: Unemployed. Diet: Healthy, Well Balanced. Sleep: Reports continuity disturbances - Nightmares, Typically sleeps 5 hours a night. Legal History: Past Legal Problems - arrested for possession of a controlled substance. ADLs/IADLs: Independent with all ADL's, Independent with all IADL's. Abuse: History of sexual abuse.

Personal Habits: Smoking: Patient is a current smoker, smokes every day.

Reviewed and updated.

Date: 08/14/2014

Was the patient queried about smoking behavior? ☒ Yes ☐ No

Does the patient currently smoke? Smoking: Patient is a current smoker, smokes every day.

Past Meds:

Current Meds:

Allergies: Augmentin, Robitussin

Objective

BP: 109/97 Pulse: 93

Exam:

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02/25/2016

Const: Appears healthy and well developed. No signs of acute distress present. Motor activity is calm.

Musculo: Walks with a normal gait.

Psych: Patient's attitude is cooperative. Displays anxiety consistently during encounter. Patient's affect is appropriate. Speech is clear, fluent and spontaneous. No aphasia noted while speaking. No apparent agnosia present. Language processing is intact. Thought processes demonstrate coherence and logic. Associative thinking is intact. Patient does not have delusions or hallucinations. Suicidality: none. Homicidality: none. Dangerousness: none. Alert and oriented x3. Immediate, recent and remote memory intact. Attention span and concentration are normal. Judgement is realistic and intact. Insight is appropriate and intact. Knowledge and vocabulary are consistent with education.

Assessment: Anxiety is ongoing and related to situational stressors. PTSD is ongoing.

Axis I: Posttraumatic Stress Disorder, Anxiety State Unspec

Axis II: Rule Out 301.9 - Personality Disorder NOS

Axis III: Deferred

Axis IV: Problems with primary support group. Problems related to the social environment. Occupational problems.

Axis V: Current GAF Score: 50

Treatment Plan and Recommendations: Feelings of anxiety and shame were expressed during this session. We discussed coping with panic attacks. Problems in relationships with others, problems in the workplace, self defeating problems and interpersonal problems were discussed by the patient. Becoming easily frustrated was discussed by the patient. In this session, the therapeutic focus was on emotional support, encouraged socialization with the patient, encouragement to ventilate feelings was given to the patient, the patient's irrational ideas were confronted and reflected today, insight given, patient was made aware of crisis lines, 24 hr crisis reviewed, supportive psychotherapy was given and validation provided. Illness education, an explanation of treatment materials was given to patient, medication teaching given, reference materials regarding the nature of the illness were given to patient, the patient was counseled and educated on the prognosis of the diagnosed condition, the patient was counseled and educated on risks and benefits of treatment, the patient was counseled and educated regarding the risks and benefits of the recommended procedure, the risks and benefits of medications were discussed with the patient, the patient was counseled and educated on the risks and benefits of anti-depressant therapy and medication teaching sheets were given to the patient. The patient verbalizes understanding of all instructions given and teaching sheet given.

Intervention/Plan:

Prozac 10 mg 1 by mouth every day for 1 week, then 2 tabs by mouth daily, Prazosin HCL 1 mg 1 tablet by mouth daily at bedtime

Medication side effects reviewed with patient

-Prozac 10 mg PO daily for 1 week, then 20 mg PO daily.

-Prazosin 1 mg PO daily at bedtime.

-Initiate therapy.

-Women's Resource Center information given to patient.

-Call with questions/problems/concerns.

Goal: Alleviate presenting complaints, enhance coping skills, improve anxiety, improve coping with stressors, improve PTSD, increase day to day functioning, promote decision making and maintain gains.

Estimated Sessions: 20.

11/24/2014 MON 14:19 RECEIVED 11/24/2014 14:23 7784551449
FAX 570 558 6838 Matthew Berger MD PC

MVH

0026/026

Insight given, behavioral techniques addressed, teaching sheet given, validation provided, illness education, medication teaching given and 24hr crisis reviewed.

Return to office in 1 month.

Time In: 3:08 pm Time Out: 3:52 pm

Jill Cosgrove CRNP

Electronically signed by agent of provider: Jill Cosgrove
Jill Cosgrove, CRNP

Read above, agree with assessment and treatment.

[Signature]

Electronically signed by Matthew Berger, MD



Renee Butts

Don't worry about it.

8/26



Erica Andruscavage

The good news is you have a published book!

8/26



Erica Andruscavage

I'm here if you wanna chat!

8/26



Renee Butts

I know. I will be fine. Over a year and I still can't get used to being alone.

8/26



Erica Andruscavage

I understand. I feel like all of my so-called relationships are failures. I feel like it is my lot in life to just be alone.

8/26



Renee Butts

It's not just relationship wise. I mean, it's isolation on every level.

8/26



Erica Andruscavage

I totally can relate. I am here for s job and everyone I know is else where

8/26



Renee Butts

8/26 11

It's not just relationship wise. I mean, it's isolation on every level.



Erica Andruscavage

8/26 11

I totally can relate. I am here for s job and everyone I know is else where



Renee Butts

8/26 11

It sucks. And I'm still afraid to leave the house...

August 27



Erica Andruscavage

8/27 11

I'm afraid to leave my apartment. But I have to go to work ☹️

August 27



Renee Butts

8/27 11

Why are you afraid to leave your apartment?



Erica Andruscavage

8/27 11



Erica Andruscavage

You're welcome!

10/18



Erica Andruscavage

How's everything going?

10/18



Renee Butts

Just tired. I'm pretty much sick all the time. I know it is from stress. This is what happened before I left Bill, too.

10/18

My mom and Harry are wondering why I'm constantly sick. Don't want to say anything so they don't get angry.



Erica Andruscavage

Maybe you should go to the doctor? get it checked out. I understand because I still get jittery all the time. speaking of Bill, he unfriended me on facebook. For whatever reason.

10/18



Renee Butts

Did you really want to be friends with him? Lol.

10/18

It's been this way with stress since I was a kid. Except it wasn't constant stress, until before I left Bill. But I was able to fix that by leaving Bill.

But PTSD? It's constant fear.

wasn't constant stress, until before I left Bill. But I was able to fix that by leaving Bill.

But PTSD? It's constant fear.

And I'm just exhausted. First mentally. Now physically. Just so tired. It's been this way for over a year.



Erica Andruscavage

10/18/14

I totally can relate. I had PTSD when i came back from Philly. And this past year I've been jittery at times too. Last year I was exhausted all the time, But things slowly got better since I left Bud. Now I'm all jittery about the work dude because I have a gut feeling he wants me back but doesn't know how to go about doing it.



Renee Butts

10/18/14

I'm just afraid for my life after all that stuff in GA... Still.



Erica Andruscavage

10/18/14

That is totally understandable. I still freak out whenever I see any type of cop while driving. No matter how well my driving is I get super paranoid. Are you still filing that lawsuit?





Renee Butts


10/18/14


Yeah. But having to think about it at all is making everything worse. There isn't anything a doctor can do. I don't feel safe.

 I'm just afraid for my life after all that stuff in GA... Still.

 **Erica Andruscavage** 10/16
That is totally understandable. I still freak out whenever I see any type of cop while driving. No matter how well my driving is I get super paranoid. Are you still filing that lawsuit?

 **Renee Butts** 10/16
Yeah. But having to think about it at all is making everything worse. There isn't anything a doctor can do. I don't feel safe. I'm just going to have to deal with being sick like this.

 **Erica Andruscavage** 10/16
That sounds like how I feel about the book. I've been traumatized every step of the way revisiting my life. But I've felt better getting it out. You may feel better just writing it all down, handing it to the lawyer, and letting him take care of it.

 **Renee Butts** 10/16
I tried writing about it. I broke down and sliced my pen angrily through the paper.

 **Erica Andruscavage** 10/16
Maybe you could tell someone you trust to write it down and



Erica Andruscavage

10/18/14 1

Maybe you could tell someone you trust to write it down and give it to you to give to the lawyer



Renee Butts

10/18/14 1

Maybe. Most don't want to listen that long. They tell me to "Get over it."



Erica Andruscavage

10/18/14 1

Well then they are jerks because you can't just "get over" stuff like that



Renee Butts

10/18/14 1

I know. I'm still afraid to leave the house.



Erica Andruscavage

10/18/14 1


I usually am too. I have to force myself to go to work and do regular stuff because it is the only way for me to deal. It's a vicious cycle



Renee Butts

10/18/14 1

I've almost gotten in a few accidents after seeing cops. I see one and think I won't make it home. My legs shake. Hands slip on the wheel. Heart pounds. I have trouble breathing and
.. ..

 I've almost gotten in a few accidents after seeing cops. I see one and think I won't make it home. My legs shake. Hands slip on the wheel. Heart pounds. I have trouble breathing and can't think.



Erica Andruscavage

10/18/14

Oh man. That really sucks. And could be included in a lawsuit. I would save all of this documetation and keep it to give to a lawyer. Just hand it all over to him to piece together.



Renee Butts

10/18/14

I was told not to drive during an appointment at my psych's office. But my family thinks driving is therapeutic.



Erica Andruscavage

10/18/14

There are two sides to that. Driving can be theraputic in the right situations. I would drive in the middle of nowhere to feel better but don't put yourself in situations where you are in major traffic.



Renee Butts

10/18/14

Well, it's for things like going to the counselor or grocery store.

But I get scared and panic. I start to dread it a few days



Well, it's for things like going to the counselor or grocery store.

But I get scared and panic. I start to dread it a few days before.



Erica Andruscavage

10/18

I would just stay focused and be on a mission. It will make the drive easier. That has helped me. You have to pretend no one is there.



Renee Butts

10/18

But then I see cops.



Erica Andruscavage

10/18

Then you have to stay even stronger. That's what I do even when I feel panicky.



Renee Butts

10/18

But I know there is a chance they could kidnap and humiliate me again.



Erica Andruscavage

10/18

That won't happen again. Especially since you are in a place

when I feel panicky.



Renee Butts

10:10

But I know there is a chance they could kidnap and humiliate me again.



Erica Andruscavage

10:12

That won't happen again. Especially since you are in a place where many know you and will protect you to the end.



Renee Butts

10:18

I hope so. I don't want to be in a place like that again for even a minute. If I thought they'd just shoot me, I would be less afraid.



Erica Andruscavage

10:18

I understand. I avoid big cities at all costs. Except to go to a concert and go home.



Renee Butts

10:19

It's really stressful.



Erica Andruscavage

10:19

I totally understand. I'm still stressed every day. So much so that the safest place is my apartment



Erica Andruscavage

You are doing the right thing. It will help.

2/7



Renee Butts

I hope.

2/7



Erica Andruscavage

I know it will. It's helped me for my PTSD, and anxiety, and depression.

2/7



Renee Butts

You have PTSD, too?!

2/7

hugs



Erica Andruscavage

Thanks! I still have flashbacks to 2005 when I lived/worked in Philly. It sucks

2/7



Renee Butts

Ugh, yeah. I can understand that.

2/7

I'm just totally struggling now, because I'm feeling like everyone around me is wanting to change me.



Erica Andruscavage

2/7



Erica Andruscavage

Oh I can relate. People have done that to me too.



Renee Butts

I'd rather just be alone and write and play WoW instead of going out and being picked apart.

At least until I'm strong enough to handle it.

Besides. Deadline.



Erica Andruscavage

You are doing the right thing.



Renee Butts

I just get so much shit for not wanting to be "social."

Urgh.

I can be social. I had the best time with my sis in AC. Best. Super. Bowl. Ever.



Erica Andruscavage

I am the same way. Glad you had fun in AC!

March 17



Renee Butts

3/17

Hey, thought I should let you know. We are filing a civil suit against the police dept that arrested me.



Erica Andruscavage

3/17

YES! Thanks for letting me know. Whatever you need me to do let me know and I will help in the best way.



Renee Butts

3/17

Thank you! ❤️



Erica Andruscavage

3/17

You're welcome 😊



Renee Butts

3/17

You may get a call from my lawyer, Jeff Filipovitz.

He'll just be asking for a statement, pretty much.

The other thing, too, that Jeff pointed out, is that the searches of our purses were illegal. We were never asked for permission.

I was told it was included in the search of the vehicle that

The other thing, too, that Jeff pointed out, is that the searches of our purses were illegal. We were never asked for permission.

I was told it was included in the search of the vehicle that Devon consented to. Were you told the same?



Erica Andruscavage

3:17

Yeah I remember them saying that they could search our purses but I knew there was something shady behind that because I always thought they had to ask. They didn't ask; they just said they could.



Renee Butts

3:17

Yeah, welp, per the lawyer, they had to ask.

I Googled this to be sure, and, apparently a male driver clearly has no authority over females' purses.



Erica Andruscavage

3:19

Yes and they didn't which makes them the ones breaking the laws they they try to enforce!



Renee Butts

3:19

Yeah. But here's the other messed up thing.



Erica Andruscavage

3:21



Renee Butts

3/17/10

I did nothing illegal.

Per GA law, the pills were in the correct container.

Per federal law, I had my husband's permission to have them.

So neither was illegal...



Erica Andruscavage

3/17/10

Yes! That's all the backup you need. I have faith that you will win this. I will be on the lookout for your lawyer's phone call. If I am at work he can leave a message and I will call him right back.



Renee Butts

3/17/10

I hope so. And thank you. 😊

The lawyer is very nice. I'm just afraid of them trying to do something in retaliation. But my lawyer said he's never heard of such a thing happening.



Erica Andruscavage

3/17/10

Trust me. I think they will be too scared to retaliate.

They know them messed up.



Erica Andruscavage

Yeah I remember him! That's funny because Emily is to England this summer. I wanted to go but it doesn't to be working out this year 😊 That Dan guy was cool; you at the time that he would be. I was right!!!! Lol!!!! coming to Pa around July 4 this summer if that helps. ...I wanted to ask you about the Lawyer. I am looking previous Facebook statues for a statement. Will we not go to Georgia again? I hope not. Can we do all this from home? Sorry to bring it up but I too am planning summer stuff. It would be cool if you, me, Dan, and Emily could meet up 😊



Renee Butts

Oh that would be great to all meet up. And I'm not sure if I think depositions would be fine. I don't want to go to CA again, obviously. I still have nightmares about that place. Yeah, I hung out with Dan all day yesterday. We went to a casino, then we went to Cooper's. Good times. 😊 I confirmed via Google, he has been hanging out with Tancredo and Joe Arpaio - that sheriff from AZ. And apparently he still has The Shirt. Idefk. I hate The Shirt. The one article of clothing he has worn that makes me



Erica Andruscavage

6/10/10 10:10

Hey What's up? Emily and I are partying here at my place.
It's cool



Renee Butts

6/10/10 10:11

Hello!



Erica Andruscavage

6/10/10 10:11

We are partying up here!



Renee Butts

6/10/10 10:21

Nice!



Erica Andruscavage

6/10/10 10:30

Wish you were down here. You need to visit sometime



Renee Butts

6/10/10 10:30

I know. But driving scares me.



Erica Andruscavage

6/10/10 10:30

That sucks.



Erica Andruscavage

6/10/10 10:40

Emily said that if you want to visit next time she comes down
you are more than welcome to ride with her



Erica Andruscavage

8/25

Rememer going there? We need to talk about our former feud on that status!



Renee Butts

8/26

Erica, I'm sorry. I'm really upset and can't stop crying.



Erica Andruscavage

8/26

OH no!!!! What's the matter????



Renee Butts

8/26

Locksley went to stay with the cleaning lady, permanently.



Erica Andruscavage

8/26

Why is that?



Renee Butts

8/26

Because of my PTSD.



Erica Andruscavage

8/26

Oh no 😞 I'm sorry to hear that 😞

I wish I was there to cheer you up!



Renee Butts

8/26

Dedication

Thank you to all the people who believed
in me enough to help me make it this far.

Heartfelt thanks to anyone who proofread and shared
opinions, putting up with my long moments of venting.

I know you all thought I had lost it, upon hearing,

“Why? Why is Siegfried being so difficult?

How are his trust issues this bad?”

A lifetime's worth of gratitude goes to my father,
who always pushed me to be creative, to be silly.
Your humor and puns—as bad as they are—will always
be an inspiration to me. It's special people who can
appreciate groan up humor.

Another lifetime's worth of gratitude goes to
my mother. Though she hates “that fantasy crap,”
she always believed I could write it.

Many thanks to my dearest friends.

Kristen, for always recommending fun, new literature, and
for writing those silly stories when we were younger. Yes, I
still have the copies of those. Shaun, Rebecca, Erica, Chad,
Katie, and all the rest for keeping my life interesting.

You have truly been an inspiration.

Also, thanks to my friends on World of Warcraft's
Emerald Dream server—Tyler Locke, Erin Honour, and
Garitt Hetrick. When things in my life got rough
and giving up seemed like the best route, you
continued to push me to keep being creative.

